

Check (✓) if
Confidential ☐

AEROSOL ADHESIVES: SPECIAL REPORTING REQUIREMENTS

FORM AA-2 -- Aerosol Adhesive Product Description

Complete one Form AA-2 for each aerosol adhesive product listed in Form AA-1. Use the same Product Tracking # and Full Product Name as it appears on FORM 3. Copy additional Form AA-2s, as needed, and return all completed forms with the 2003 Consumer Products Survey.

Responsible Party: _____

Formulator (if applicable): _____

Product Tracking #: _____

Full Product Name: _____

Aerosol Adhesive Category: ☐ Mist Spray Adhesive ☐ Web Spray Adhesive or ☐ Special Purpose Spray Adhesive

NOTE: If the Special Purpose Spray Adhesive box was checked, please complete the following items to identify the product category and spray pattern type.

- Product Category: (Check One.)
- ☐ Mounting adhesives
 - ☐ Automotive engine compartment adhesives
 - ☐ Flexible vinyl adhesives
 - ☐ Polystyrene foam adhesives
 - ☐ Automobile headliner adhesives
 - ☐ Polyolefin adhesives
 - ☐ Laminate repair/edgebanding adhesives

Spray Pattern Type: ☐ Lace/Web or ☐ Particle/Mist

Product Application: Check all that apply for this product.

- ☐ Automotive ☐ General Purpose ☐ High Performance ☐ Mounting ☐ Repositionable before curing
- ☐ Other (Describe.) _____

Substrate for which the product is designed or labeled: Check all that apply for this product.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Glass | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Ceramic | <input type="checkbox"/> High Pressure Laminate | <input type="checkbox"/> Styrofoam |
| <input type="checkbox"/> Expanded Polystyrene Foam | <input type="checkbox"/> Leather | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Fabric | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Paper | <input type="checkbox"/> Other _____ |

Comments: _____
